TOWN OF LOS GATOS LIBRARY BOARD APPLICATION

Submit to: Office of the Town Clerk 110 East Main Street, P.O. Box 949, Los Gatos, CA 95031

Telephone: (408) 354-6834 • Fax: (408) 354-8431 • Email: <u>clerk@losgatosca.gov</u>

Please type or print legibly			
* Last Name:	* First Name:		
* Address:		* Zip:	
* Home Phone:			
Email:			
Present Employer:			
Length of Residency in Los Gatos:			
* If appointed, this information will be made availabl	e to the public.		
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Previously Held Elected or Appointed Governmental Positions	Position/Office Held	Dates	
Civic or Charitable Organizations You Have Belonged To	Position/Office Held	Dates	
Schools Attended/Attending	Major Subject and/or Grade Level		
A separate application is required for each Commission	on. Please list other Commissions yo	ou are applying to:	
Signature:	Date:		

1.	What Library services do you currently use or have used in the past?
2.	Do you think the Library's current mix of services is appropriate or would you like to see some strengthened or diminished?
3.	What are the strengths and weaknesses of the current library building? Does it provide adequate space and technology for the services of a modern library?
4.	What do you hope to accomplish during your term on the Board?
5.	Do you belong to the Friends of the Library?
6.	Have you ever attended a Library Board or a Friends of the Library Board meeting?
7.	What is the role of a Library Board member? How do you connect with the community?